| L Number | Hits | Search Text | DB | Time stamp |
|---|---|---|---|---|
| 1 | 1 | jacobus and christianus and johannes and stiekema | USPAT; EPO; JPO; DERWENT | 2003/06/26 19:14 |
| 11 | 0 | jean adj3 marc adj3 herbert | USPAT; EPO; JPO; DERWENT | 2003/06/26 19:15 |
| 6 | 84 | jean and marc and herbert | USPAT; EPO; JPO; DERWENT | 2003/06/26 19:19 |
| 16 | 1691 | dialysis and anticoagulants | USPAT; EPO; JPO; DERWENT | 2003/06/26 19:19 |
| 21 | 2669 | glucopyranosyl | USPAT; EPO; JPO; DERWENT | 2003/06/26 19:19 |
| 26 | 19 | (dialysis and anticoagulants) and glucopyranosyl | USPAT; EPO; JPO; DERWENT | 2003/06/26 19:24 |
| 31 | 339 | extracorporeal adj5 circuit and clotting | USPAT; EPO; JPO; DERWENT | 2003/06/26 19:25 |
| 36 | 197 | extracorporeal adj5 circuit and clotting and anticoagulant | USPAT; EPO; JPO; DERWENT | 2003/06/26 19:25 |
| 41 | 1 | (extracorporeal adj5 circuit and clotting and anticoagulant) and glucopyranosyl | USPAT; EPO; JPO; DERWENT | 2003/06/26 19:26 |
| 46 | 8 | (extracorporeal adj5 circuit and clotting and anticoagulant) and kidney adj dialysis | USPAT; EPO; JPO; DERWENT | 2003/06/26 19:26 |
| - | 1032224 | coating | | 2003/06/26 19:11 |
| - | 57 | (ANTICOAGULANT ADJ (COATING)) | | 2000/06/23 09:29 |
| - | 16735 | heparin | | 2000/06/23 09:30 |
| - | 33 | (((ANTICOAGULANT ADJ (COATING))) AND (HEPARIN)) | | 2000/06/23 09:30 |
| - | 7 | "5378829" | USPAT; EPO; JPO; DERWENT | 2002/02/20 13:48 |
| - | 3093 | glycosaminoglycan | USPAT; EPO; JPO; DERWENT | 2002/02/20 13:48 |
| - | 423 | glycosaminoglycan and clotting | USPAT; EPO; JPO; DERWENT | 2002/02/20 13:49 |
| - | 0 | ((glycosaminoglycan and clotting) and extracorporeal) and glucopyranosyl | USPAT; EPO; JPO; DERWENT | 2002/02/20 13:50 |
| - | 0 | ((glycosaminoglycan and clotting) and extracorporeal) and pyranosyl | USPAT; EPO; JPO; DERWENT | 2002/02/20 13:50 |
| - | 72 | (glycosaminoglycan and clotting) and extracorporeal | USPAT; EPO; JPO; DERWENT | 2002/02/20 13:50 |

Connecting via Winsock to STN

Welcome to STN International! Enter x:x

LOGINID:SSSPTA1600LXD

PASSWORD:
TERMINAL (ENTER 1, 2, 3, OR ?):2

* * * * * * * * * * Welcome to STN International * * * * * * * * * *

| | | |
|---|---|---|
| NEWS 1 | | Web Page URLs for STN Seminar Schedule - N. America |
| NEWS 2 | | "Ask CAS" for self-help around the clock |
| NEWS 3 | Jun 03 | New e-mail delivery for search results now available |
| NEWS 4 | Aug 08 | PHARMAMarketLetter(PHARMAML) - new on STN |
| NEWS 5 | Aug 19 | Aquatic Toxicity Information Retrieval (AQUIRE) now available on STN |
| NEWS 6 | Aug 26 | Sequence searching in REGISTRY enhanced |
| NEWS 7 | Sep 03 | JAPIO has been reloaded and enhanced |
| NEWS 8 | Sep 16 | Experimental properties added to the REGISTRY file |
| NEWS 9 | Sep 16 | CA Section Thesaurus available in CAPLUS and CA |
| NEWS 10 | Oct 01 | CASREACT Enriched with Reactions from 1907 to 1985 |
| NEWS 11 | Oct 24 | BEILSTEIN adds new search fields |
| NEWS 12 | Oct 24 | Nutraceuticals International (NUTRACEUT) now available on STN |
| NEWS 13 | Nov 18 | DKILIT has been renamed APOLLIT |
| NEWS 14 | Nov 25 | More calculated properties added to REGISTRY |
| NEWS 15 | Dec 04 | CSA files on STN |
| NEWS 16 | Dec 17 | PCTFULL now covers WP/PCT Applications from 1978 to date |
| NEWS 17 | Dec 17 | TOXCENTER enhanced with additional content |
| NEWS 18 | Dec 17 | Adis Clinical Trials Insight now available on STN |
| NEWS 19 | Jan 29 | Simultaneous left and right truncation added to COMPENDEX, ENERGY, INSPEC |
| NEWS 20 | Feb 13 | CANCERLIT is no longer being updated |
| NEWS 21 | Feb 24 | METADEX enhancements |
| NEWS 22 | Feb 24 | PCTGEN now available on STN |
| NEWS 23 | Feb 24 | TEMA now available on STN |
| NEWS 24 | Feb 26 | NTIS now allows simultaneous left and right truncation |
| NEWS 25 | Feb 26 | PCTFULL now contains images |
| NEWS 26 | Mar 04 | SDI PACKAGE for monthly delivery of multifile SDI results |
| NEWS 27 | Mar 20 | EVENTLINE will be removed from STN |
| NEWS 28 | Mar 24 | PATDPAFULL now available on STN |
| NEWS 29 | Mar 24 | Additional information for trade-named substances without structures available in REGISTRY |
| NEWS 30 | Apr 11 | Display formats in DGENE enhanced |
| NEWS 31 | Apr 14 | MEDLINE Reload |
| NEWS 32 | Apr 17 | Polymer searching in REGISTRY enhanced |
| NEWS 33 | Jun 13 | Indexing from 1947 to 1956 added to records in CA/CAPLUS |
| NEWS 34 | Apr 21 | New current-awareness alert (SDI) frequency in WPIDS/WPINDEX/WPIX |
| NEWS 35 | Apr 28 | RDISCLOSURE now available on STN |
| NEWS 36 | May 05 | Pharmacokinetic information and systematic chemical names added to PHAR |
| NEWS 37 | May 15 | MEDLINE file segment of TOXCENTER reloaded |
| NEWS 38 | May 15 | Supporter information for ENCOMPPAT and ENCOMPLIT updated |
| NEWS 39 | May 16 | CHEMREACT will be removed from STN |
| NEWS 40 | May 19 | Simultaneous left and right truncation added to WSCA |
| NEWS 41 | May 19 | RAPRA enhanced with new search field, simultaneous left and right truncation |
| NEWS 42 | Jun 06 | Simultaneous left and right truncation added to CBNB |

```
 NEWS 43  Jun 06  PASCAL enhanced with additional data
 NEWS 44  Jun 20  2003 edition of the FSTA Thesaurus is now available
 NEWS 45  Jun 25  HSDB has been reloaded

 NEWS EXPRESS  April 4 CURRENT WINDOWS VERSION IS V6.01a, CURRENT
               MACINTOSH VERSION IS V6.0b(ENG) AND V6.0Jb(JP),
               AND CURRENT DISCOVER FILE IS DATED 01 APRIL 2003
 NEWS HOURS    STN Operating Hours Plus Help Desk Availability
 NEWS INTER    General Internet Information
 NEWS LOGIN    Welcome Banner and News Items
 NEWS PHONE    Direct Dial and Telecommunication Network Access to STN
 NEWS WWW      CAS World Wide Web Site (general information)

Enter NEWS followed by the item number or name to see news on that
specific topic.

  All use of STN is subject to the provisions of the STN Customer
  agreement.  Please note that this agreement limits use to scientific
  research.  Use for software development or design or implementation
  of commercial gateways or other similar uses is prohibited and may
  result in loss of user privileges and other penalties.

  * * * * * * * * * * * * * * STN  Columbus  * * * * * * * * * * * * * * *

FILE 'HOME' ENTERED AT 19:31:45 ON 26 JUN 2003

=> file caplus
COST IN U.S. DOLLARS                                SINCE FILE      TOTAL
                                                       ENTRY    SESSION
FULL ESTIMATED COST                                     0.21       0.21

FILE 'CAPLUS' ENTERED AT 19:32:02 ON 26 JUN 2003
USE IS SUBJECT TO THE TERMS OF YOUR STN CUSTOMER AGREEMENT.
PLEASE SEE "HELP USAGETERMS" FOR DETAILS.
COPYRIGHT (C) 2003 AMERICAN CHEMICAL SOCIETY (ACS)
```



```
FILE COVERS 1907 - 26 Jun 2003  VOL 138 ISS 26
FILE LAST UPDATED: 25 Jun 2003  (20030625/ED)

  This file contains CAS Registry Numbers for easy and accurate
  substance identification.


=> s clotting and extracorporeal and kidney and dialysis
         14554 CLOTTING
             4 CLOTTINGS
         14557 CLOTTING
                 (CLOTTING OR CLOTTINGS)
          5471 EXTRACORPOREAL
             1 EXTRACORPOREALS
          5471 EXTRACORPOREAL
                 (EXTRACORPOREAL OR EXTRACORPOREALS)
        238169 KIDNEY
```

```
         59074 KIDNEYS
        257497 KIDNEY
                (KIDNEY OR KIDNEYS)
         48393 DIALYSIS
           149 DIALYSES
         48446 DIALYSIS
                (DIALYSIS OR DIALYSES)
L1           7 CLOTTING AND EXTRACORPOREAL AND KIDNEY AND DIALYSIS

=> s L1 and glucopyranosyl
         10839 GLUCOPYRANOSYL
             4 GLUCOPYRANOSYLS
         10840 GLUCOPYRANOSYL
                (GLUCOPYRANOSYL OR GLUCOPYRANOSYLS)
L2           0 L1 AND GLUCOPYRANOSYL

=> d L1 1-7 ibib abs hitrn

L1   ANSWER 1 OF 7  CAPLUS  COPYRIGHT 2003 ACS
ACCESSION NUMBER:        2002:359362  CAPLUS
DOCUMENT NUMBER:         137:922
TITLE:                   Anticoagulation with prostaglandins and unfractionated
                         heparin during continuous venovenous haemofiltration:
                         a randomized controlled trial
AUTHOR(S):               Kozek-Langenecker, Sibylle A.; Spiss, Christian K.;
                         Gamsjager, Thomas; Domenig, Christoph; Zimpfer,
                         Michael
CORPORATE SOURCE:        Departments of Anaesthesiology and Intensive Care B,
                         School of Medicine, University of Vienna, Vienna,
                         Austria
SOURCE:                  Wiener Klinische Wochenschrift (2002), 114(3), 96-101
                         CODEN: WKWOAO; ISSN: 0043-5325
PUBLISHER:               Springer-Verlag Wien
DOCUMENT TYPE:           Journal
LANGUAGE:                English
AB   The objective of this prospective, randomized, controlled clin. study was
     to compare efficacy, safety, and costs of fixed-dose prostaglandins with
     adjusted-dose unfractionated heparin as anticoagulants for continuous
     venovenous hemofiltration. Perioperative critically ill patients
     requiring continuous hemofiltration for acute renal failure received
     unfractionated heparin anticoagulation titrated to achieve an activated
     clotting time in the extracorporeal system of > 120 s.
     Patients were randomly assigned to receive a test infusion contg. either
     prostaglandin I2 (5 ng/kg/min; group I; n = 15; 75 filters), prostaglandin
     E1 (5 ng/kg/min; group E; n = 18; 72 filters), or placebo (group H; n =
     17; 63 filters). Heparin and test solns. were infused into the
     extracorporeal circuit before the hemofilter. All AN69-surface
     hollow fiber filters were primed with normal saline contg. 5.000 IU
     heparin. The primary outcome measure - adequate hemofilter life span > 24
     h - was compared by using Cochran's Q test. There was a significant
     difference in the frequencies of adequate hemofilter life span between the
     groups (36% group H, 65% group I, 59% group E; P < 0.05 vs. group H).
     There were 6 bleeding episodes in group H, 2 in group E, and only 1
     trivial bleeding episode in group I (P < 0.05 vs. group H). Daily costs
     of hemofiltration were 61% higher in group I and 23% higher in group E
     than in group H (P < 0.05 vs. group H). A heparin-sparing effect of
     prostaglandins was obsd. Fixed-dose prostaglandins I2 and E1 reduced the
     incidence of hemofilter failure and bleeding when compared with
     adjusted-dose unfractionated heparin. There was no significant difference
     between the two prostaglandin groups. The increase in daily costs for
     hemofiltration treatment under prostaglandins is not clin. relevant.
REFERENCE COUNT:         33    THERE ARE 33 CITED REFERENCES AVAILABLE FOR THIS
                               RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT
```

L1 ANSWER 2 OF 7 CAPLUS COPYRIGHT 2003 ACS
ACCESSION NUMBER: 2001:607483 CAPLUS
DOCUMENT NUMBER: 136:314866
TITLE: Sustained low-efficiency **dialysis** for critically ill patients requiring renal replacement therapy
AUTHOR(S): Marshall, Mark R.; Golper, Thomas A.; Shaver, Mary J.; Alam, Muhammad G.; Chatoth, Dinesh K.
CORPORATE SOURCE: Division of Nephrology, Department of Internal Medicine, University of Arkansas for Medical Sciences, Little Rock, AR, USA
SOURCE: Kidney International (2001), 60(2), 777-785
CODEN: KDYIA5; ISSN: 0085-2538
PUBLISHER: Blackwell Science, Inc.
DOCUMENT TYPE: Journal
LANGUAGE: English
AB The replacement of renal function for critically ill patients is procedurally complex and expensive, and none of the available techniques have proven superiority in terms of benefit to patient mortality. In hemodynamically unstable or severely catabolic patients, however, the continuous therapies have practical and theor. advantages when compared with conventional intermittent hemodialysis (IHD). We present a single center experience accumulated over 18 mo since July 1998 with a hybrid technique named sustained low-efficiency **dialysis** (SLED), in which std. IHD equipment was used with reduced dialyzate and blood flow rates. Twelve-hour treatments were performed nocturnally, allowing unrestricted access to the patient for daytime procedures and tests. One hundred forty-five SLED treatments were performed in 37 critically ill patients in whom IHD had failed or been withheld. The overall mean SLED treatment duration was 10.4 h because 51 SLED treatments were prematurely discontinued. Of these discontinuations, 11 were for intractable hypotension, and the majority of the remainder was for **extracorporeal** blood circuit **clotting**. Hemodynamic stability was maintained during most SLED treatments, allowing the achievement of prescribed ultrafiltration goals in most cases with an overall mean shortfall of only 240 mL per treatment. Direct **dialysis** quantification in nine patients showed a mean delivered double-pool Kt/V of 1.36 per (completed) treatment. Mean phosphate removal was 1.5 g per treatment. Mild hypophosphatemia and/or hypokalemia requiring supplementation were obsd. in 25 treatments. Obsd. hospital mortality was 62.2%, which was not significantly different from the expected mortality as detd. from the APACHE II illness severity scoring system. SLED is a viable alternative to traditional continuous renal replacement therapies for critically ill patients in whom IHD has failed or been withheld, although prospective studies directly comparing two modalities are required to define the exact role for SLED in this setting.
REFERENCE COUNT: 34 THERE ARE 34 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L1 ANSWER 3 OF 7 CAPLUS COPYRIGHT 2003 ACS
ACCESSION NUMBER: 1999:767173 CAPLUS
DOCUMENT NUMBER: 132:231701
TITLE: Recombinant hirudin (lepirudin) as anticoagulant in intensive care patients treated with continuous hemodialysis
AUTHOR(S): Fischer, Karl-Georg; Van de Loo, Andreas; Bohler, Joachim
CORPORATE SOURCE: Department of Medicine, Division of Nephrology and Division of Cardiology and Angiology, University Hospital Freiburg, Freiburg, Germany
SOURCE: Kidney International, Supplement (1999), 72, S46-S50
CODEN: KISUDF; ISSN: 0098-6577
PUBLISHER: Blackwell Science, Inc.
DOCUMENT TYPE: Journal

LANGUAGE: English

AB Background: Recombinant hirudin (lepirudin) is a potent direct thrombin inhibitor, which has been approved for the treatment of heparin-induced thrombocytopenia type II (HIT). Because the drug is mainly eliminated by the **kidneys**, a single loading dose of hirudin may induce therapeutic anticoagulation for up to one week in patients with renal insufficiency. Thus, the use of hirudin in critically ill patients with renal failure could markedly increase their bleeding risk. In this study, hirudin was used in critically ill patients with suspected HIT while on continuous venovenous hemodialysis (CVVHD). Methods: Hirudin anticoagulation was performed in seven critically ill patients with suspected HIT. Four patients were initially anuric. Three patients had residual renal function. In all 64 CVVHD treatments (mean duration 12 h), a polysulfone high-flux hemodialyzer (0.75 m2) with a dialyzate flow rate of 1.5 L/h and an ultrafiltration rate of up to 200 mL/h was used. Hirudin was given either as continuous i.v. infusion or as repetitive i.v. boli. Monitoring of anticoagulation was performed by measurements of the systemic activated partial thromboplastin time (aPTT). Results: Hirudin dosage had to be individualized according to the risk of bleeding or **clotting**. During CVVHD, a continuous i.v. infusion (0.006 to 0.025 mg/kg body wt/h, N = 2) or repetitive i.v. boli (0.007 to 0.04 mg/kg, N = 5) were given. Two patients required blood transfusions prior to and during hirudin treatment. In five patients without a high bleeding risk, the hirudin dose was adjusted to achieve the target aPTT (1.5 to 2.0 .times. baseline) in order to prevent thrombotic complications or frequent **clotting** in the **extracorporeal** circuit. Hirudin dose requirements depended on residual renal function and **extracorporeal** clearance. Conclusions: We conclude from these first clin. data that anticoagulation with hirudin in critically ill patients on continuous hemodialysis can be performed without excessive bleeding risk by combining close clin. and lab. monitoring. The hirudin dose has to be reduced because of renal failure, and may require adjustment for residual or recovering renal function and **extracorporeal** elimination.

REFERENCE COUNT: 13 THERE ARE 13 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L1 ANSWER 4 OF 7 CAPLUS COPYRIGHT 2003 ACS

ACCESSION NUMBER: 1996:17391 CAPLUS

DOCUMENT NUMBER: 124:135143

TITLE: Failure of low molecular weight dextran to prevent **clotting** during continuous renal replacement therapy

AUTHOR(S): Palevsky, Paul M.; Burr, Renee; Moreland, Lynn; Tokiwa, Yumiko; Greenberg, Arthur

CORPORATE SOURCE: School Medicine, University Pittsburgh, Pittsburgh, PA, 15261, USA

SOURCE: ASAIO Journal (1995), 41(4), 847-9
CODEN: AJOUET; ISSN: 1058-2916

PUBLISHER: Lippincott-Raven

DOCUMENT TYPE: Journal

LANGUAGE: English

AB **Clotting** of the **extracorporeal** circuit during continuous renal replacement therapy results in decreased ultrafiltration rates, impaired solute clearance and, ultimately, occlusion of the **extracorporeal** circuit. The authors conducted an open-label randomized controlled trial to det. whether low mol. wt. dextran could prevent hemofilter **clotting** in patients undergoing continuous venovenous hemodialysis. Eleven patients were randomized to receive a continuous infusion of 10% low mol. wt. dextran at 25 mL/h; 8 patients served as control subjects. No differences in the frequency of hemofilter **clotting** or hemofilter lifespan were detected. The authors concluded that continuous infusion of low dose low mol. wt. dextran is not effective in preventing **clotting** during continuous renal

replacement therapy.

L1 ANSWER 5 OF 7 CAPLUS COPYRIGHT 2003 ACS
ACCESSION NUMBER: 1993:225262 CAPLUS
DOCUMENT NUMBER: 118:225262
TITLE: The pharmacokinetics and pharmacodynamics of dermatan sulfate MF701 during hemodialysis for chronic renal failure
AUTHOR(S): Gianese, F.; Nurmohamed, M. T.; Imbimbo, B. P.; Buller, H. R.; Berckmans, R. J.; Ten Cate, J. W.
CORPORATE SOURCE: Med. Dep., Mediolanum Farm., Milan, Italy
SOURCE: British Journal of Clinical Pharmacology (1993), 35(3), 335-9
CODEN: BCPHBM; ISSN: 0306-5251
DOCUMENT TYPE: Journal
LANGUAGE: English
AB Single i.v. bolus doses of dermatan sulfate MF701 were administered before the onset of hemodialysis to patients with chronic renal failure, to prevent **clotting** in the **extracorporeal** circuit. Six patients received 2 mg kg-1; six were given 2.5 and 3 mg kg-1; 13 received 4.5 and 6 mg kg-1. Plasma MF701 concns. (chromogenic assay), activated partial thromboplastin time (APTT) and plasma markers of coagulation and platelet activation (TAT and .beta.-TG) were measured over 4 or 8 h from the onset of **dialysis**. The disposition of MF701 was described by a monoexponential function. C(0) And AUC values increased proportionally with dose. Vols. of distribution (.apprxeq.41) were dose-independent. Half-lives showed a non significant increase with dose (from 2.2 to 3.1 h) and were 2.5-3 times longer than those reported for healthy subjects. There was a significant correlation between plasma MF701 concn. and its effects in prolonging APTT and suppressing TAT and .beta.-TG generation during **dialysis**.

L1 ANSWER 6 OF 7 CAPLUS COPYRIGHT 2003 ACS
ACCESSION NUMBER: 1985:464655 CAPLUS
DOCUMENT NUMBER: 103:64655
TITLE: Anticoagulant effects of a low molecular weight heparinoid (ORG 10172) in human volunteers and hemodialysis patients
AUTHOR(S): Ten Cate, H.; Henny, C. P.; Ten Cate, J. W.; Bueller, H. R.; Mooy, M. C.; Surachno, S.; Wilmink, J. M.
CORPORATE SOURCE: Dep. Haematol., Acad. Med. Cent., Amsterdam, 1105 AZ, Neth.
SOURCE: Thrombosis Research (1985), 39(2), 211-22
CODEN: THBRAA; ISSN: 0049-3848
DOCUMENT TYPE: Journal
LANGUAGE: English
AB Org 10172, a low MW heparinoid derived from animal intestinal mucosal tissue, has a mean mol. wt. of 6500 dalton and a specific activity of 8.0 anti-Xa U/mg. Its elimination half-life after i.v. administration is 18 h. Six human volunteers received repeated single i.v. injections of 800 and 3200 anti-Xa units of Org 10172, 5000 IU heparin, or placebo. Bleeding time, platelet count and plasma .beta.-thromboglobulin were not affected by Org 10172 or heparin. Heparin stimulated ADP-induced platelet aggregation (0.2 .mu.M) and inhibited thrombin induced aggregation (0.3 U/mL), while the heparinoid lacked these effects. Heparin increased plasma platelet factor 4, whereas Org 10172 had no effect. In contrast to heparin Org 10172 had only a minor effect on the activated partial thromboplastin time and thrombin time, while both compds. induced anti-Xa activity in plasma. In a crossover study in six hemodialysis patients, both heparin and Org 10172 hemodialysis patients, both heparin and Org 10172 (34.4 and 22.4 anti-Xa units/kg) successfully prevented **clotting** of the **extracorporeal** circuit. Microscopical anal. of the artificial **kidney** membranes showed that the 34.4 unit Org 10172 dosage was as effective as heparin in preventing fibrin

deposition. The hemostatic and coagulation effect were as expected from those obsd. in the volunteers except that there was a slower elimination of the plasma anti-Xa response. In addn. heparin and Org 10172 (34.4 anti-Xa units/kg) inhibited the Xa-induced platelet aggregation, resp.

L1 ANSWER 7 OF 7 CAPLUS COPYRIGHT 2003 ACS
ACCESSION NUMBER: 1982:135186 CAPLUS
DOCUMENT NUMBER: 96:135186
TITLE: The determination of aluminum in human plasma
AUTHOR(S): Wawschinek, O.; Petek, W.; Lang, J.; Pogglitsch, H.; Holzer, H.
CORPORATE SOURCE: Inst. Med. Biochem. Med. Clin., Univ. Graz, Graz, Austria
SOURCE: Mikrochimica Acta (1982), 1(5-6), 335-9
CODEN: MIACAQ; ISSN: 0026-3672
DOCUMENT TYPE: Journal
LANGUAGE: English

AB Blood plasma Al was detd. in healthy subjects and in **dialysis** patients under Al antacid therapy by flameless at. absorption spectrophotometry. EDTA-coated, Al-free plastic tubes were used to prevent blood **clotting** and avoid Al contamination, and plasma was dild. with a mixt. contg. Triton X100 and NH4NO3 (ashing agent) to avoid problems of plasma viscosity and formation of C residues. The required sample size was 250 .mu.L. The std. curve was linear up to 600 .mu.g Al/L, and recoveries were 97-105%. Plasma Al levels in healthy subjects and in patients with slight renal failure ranged 3-39 .mu.g/L and 16-63 .mu.g/L, resp. In **dialysis** patients under oral Al therapy, levels as high as 930 .mu.g Al/L were reached, but when less sol. Al antacids were used, levels .ltoreq.200 .mu.g Al/L could be achieved.